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Bib Data Sheet

CONFIRMATION NO. 3490

<b>SERIAL NUMBER</b> 10/719,621	<b>FILING OR 371(c) DATE</b> 11/21/2003 <b>RULE</b>	<b>CLASS</b> 544	<b>GROUP ART UNIT</b> 1624	<b>ATTORNEY DOCKET NO.</b> TOL01 P-100A
<b>APPLICANTS</b> Luis H. Toledo, Portage, MI; Edward J. Hessler, Kalamazoo, MI; Harold A. Kames, Portage, MI;				
<b>** CONTINUING DATA **</b> This appln claims benefit of 60/430,545 <del>filed</del> <del>12/05/2002</del> <i>OR</i>				
<b>** FOREIGN APPLICATIONS **</b> <i>None OR</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> <b>** 04/23/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowances</i> Acknowledged <i>Examiner's Signature</i> <i>OR</i> <i>Initials</i>		<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 18
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> Bruce Stein 5857 Stoney Brook Rd Kalamazoo, MI 49009-7711				
<b>TITLE</b> Nitroso compounds to treat ischemia				
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	